



State of Missouri
Department of Mental Health
Division of Alcohol and Drug Abuse

**Certified Compulsive Gambling Counselor
Certification Application/Reapplication**

PLEASE TYPE OR PRINT

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application			
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> Mrs.	Name		Last 4 Digits of Social Security Number
	Name of Agency Where Currently Employed		Job Title
	Work Address	City/State	Zip Code
Work Telephone Number(s)		Work Fax Number	Work E-Mail Address (list only if you approve of receiving notices from DMH)
Home Address		City/State	Zip Code County
Home Telephone Number		Home/Personal E-Mail Address (list only if you approve of receiving notices from DMH)	

Prior Missouri Credential	Certification/License Number	Expiration Date
Certified Substance Abuse Counselor I or II (CSAC I, CSAC II)		
Certified Advanced Substance Abuse Counselor (CASAC)		
Certified Criminal Justice Addictions Professional (CCJP)		
Co-Occurring Disorders Professional (CCDP)		
Licensed Clinical Social Worker (LCSW)		
Licensed Professional Counselor (LPC)		
Licensed Psychologist and/or Licensed Physician		
Licensed Marital and Family Therapist (LMFT)		

I affirm that my prior credential is in good standing and has no sanctions or challenges against it. I affirm that the above information is true and correct. I understand that to remain certified as a Missouri Compulsive Gambling Counselor, I must maintain, in good standing, the credential I have identified above. I must also obtain the required amount of compulsive gambling counselor **advanced** training. I have read and understand the certification and/or renewal requirements outlined in this packet.

Signature _____ Date _____

RETURN COMPLETED FORM
and REQUIRED DOCUMENTATION TO:

Compulsive Gambling Counseling Program
Division of Alcohol and Drug Abuse
1706 E. Elm St., P.O. Box 687
Jefferson City, MO 65102

Documentation for Initial Certification	Documentation for Renewal Certification
<ul style="list-style-type: none"> Current resume Photocopy of initial 60-hour CGC training* 	<ul style="list-style-type: none"> Documentation of completion of 14 hours of continuing education requirements*
<i>There is no need to send photocopies of your license and/or certification. Primary source verification is conducted with the Missouri Division of Professional Registration and the Missouri Substance Abuse Professional Credentialing Board.</i>	

* Original documents will not be returned. Please send photocopies.